

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> ^{Town}		<i>Wicomico</i> ^{County}		MARYLAND		
Date of death <i>1906</i>	Month <i>June</i>	Day <i>1st</i>	Age	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Salisbury Md.</i>			
Occupation _____			Where Residing if not at place of death _____			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____				
Father's Name <i>P. W. Alexander</i>			Father's Birthplace <i>Kentucky</i>			
Mother's Maiden Name <i>Mary R. Thurston</i>			Mother's Birthplace _____			
Name of person giving information <i>P. W. Alexander</i>			How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chill - Bow</i>	How long <i>5</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>F. M. Hemons M.D.</i>
	Address <i>Salisbury Md</i>
Accident or Suicide?	



Name
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CERTIFICATE OF DEATH

Orlander Ballard,

Died at <i>Salisbury</i> ^{town}		<i>Wicomico</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month <i>June</i>	Day <i>6</i>	Age <i>1</i> Years	<i>3</i> Months <i>23</i> Days
Sex <i>male</i>	Color or Race <i>Black</i>	Birth-place <i> Md</i>			
Occupation			Where Residing if not at place of death		

Married, Single or Widowed	Name of Wife or Husband	Father's Name <i>Edward Ballard</i>	Father's Birthplace <i> Md</i>
Mother's Maiden Name <i>Beatrice Johnson</i>		Mother's Birthplace <i> Md</i>	
Name of person giving information <i>Edward Ballard</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

Primary <i>Gastro-intestinal infection</i>	How long <i>1 week</i>
Immediate <i>Toxæmia of septicaemia</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Louis W. Korman M.D.</i>
	Address <i>Salisbury 2nd</i>
Accident or Suicide?	



Name
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Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Huntland</i>		Town <i>Huntland</i>		County <i>Wicomico</i>		State <i>MARYLAND</i>	
Date of death <i>1906</i>	Month <i>June</i>	Day <i>3rd</i>	Age <i>30</i>	Years	Months <i>9</i>	Days <i>28</i>	
Sex <i>Male</i>	Color or Race <i>Negro</i>		Birthplace <i>Maryland</i>				
Occupation <i>Laborer</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Edith Black</i>						
Father's Name <i>Andrew Black</i>	Father's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>Amelia V. Prickham</i>	Mother's Birthplace <i>"</i>						
Name of person giving information <i>Charles P. Anderson</i>	How related to deceased <i>None</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary tuberculosis</i>	How long <i>1 year (?)</i>
Immediate <i>Septic exhaustion</i>	How long <i>Two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. W. Anderson</i>
	Address <i>Salisbury, Md.</i>
Accident or Suicide? <i>No</i>	<i>✓</i>



Name
in
Full

Henry R. Cannon

CERTIFICATE OF DEATH

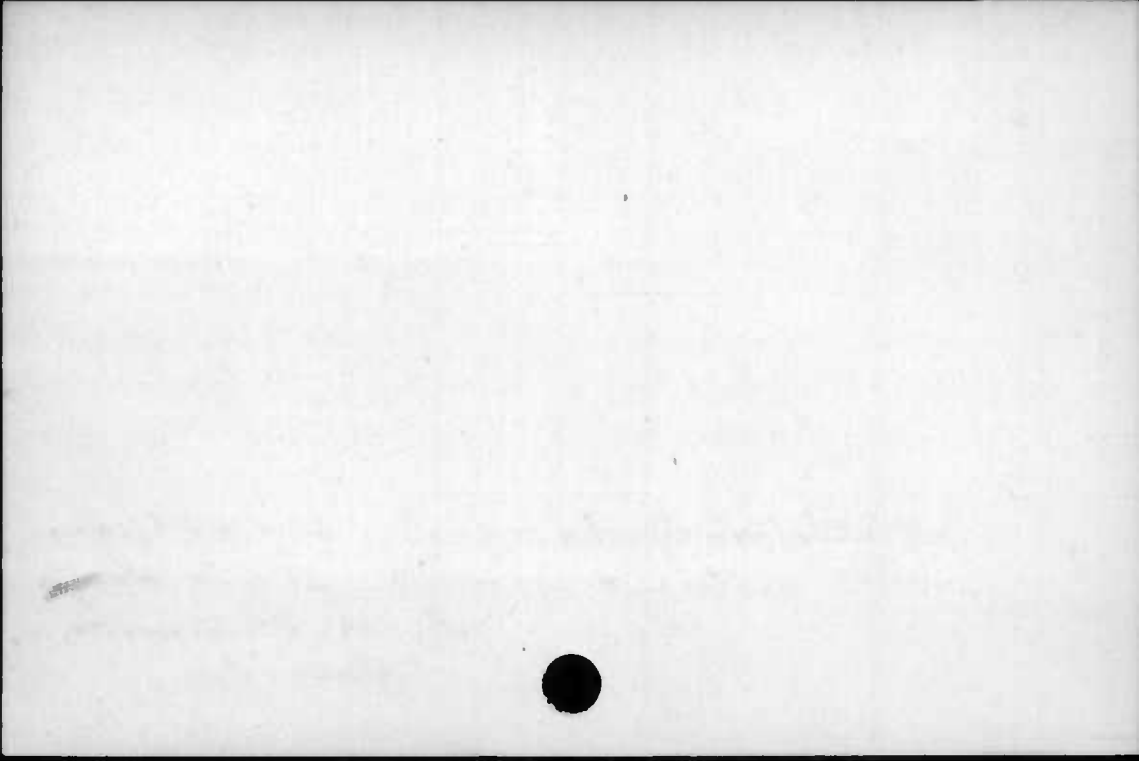
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Salisbury		^{County} Wicomico		MARYLAND		
Date of death 1906		Month June	Day 30	Age 71	Months	Days
Sex Male	Color or Race White		Birth-place Delaware			
Occupation Laborer	Where Residing if not at place of death					
Married, Single or Widowed Married	Name of Wife or Husband Rachel E. Cannon					
Father's Name Samuel Cannon	Father's Birthplace Delaware					
Mother's Maiden Name Not known	Mother's Birthplace Not known					
Name of person giving information L. M. Cannon	How related to deceased Son in law					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Infirmities of Age	How long Several years
Immediate	Rheumatism & Burns	How long Several days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician F. M. Stemon, M.D.
		Address Salisbury Md.
Accident or Suicide?		



Name
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Full

Lillian Cathell

CERTIFICATE OF DEATH

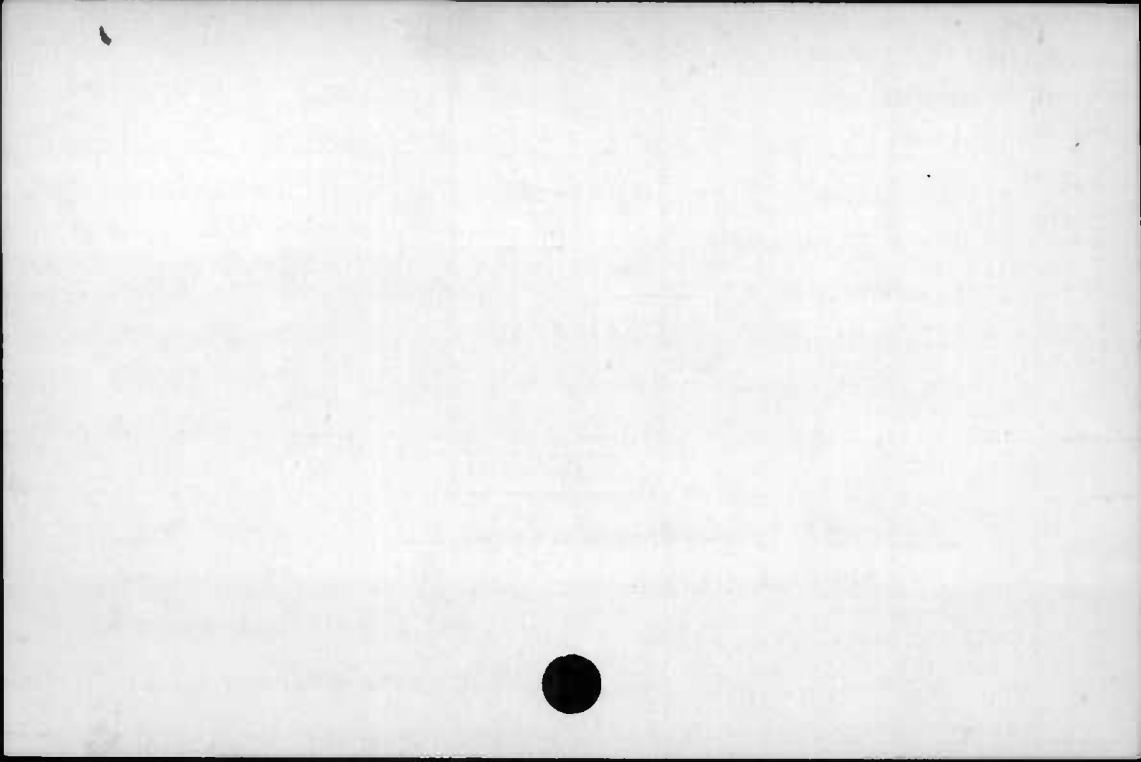
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Town</i> <i>Fruitland</i>		County <i>Wicomico</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>June</i>	Day <i>2nd</i>	Years <i>One</i>	Months <i>3</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Fruitland Md.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Francis M. Cathell</i>			Father's Birthplace <i>Fruitland Md.</i>		
Mother's Maiden Name <i>Kettie Crouch</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Jamies H. Cathell</i>			How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastro-intestinal - infection</i>	How long <i>4 or 5 days</i>
Immediate <i>Collapse</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Louis W. Harris M.D.</i>
	Address <i>Delight Md.</i>
Accident or Suicide?	



Name
in
Full

Levin Dashiell Collier

CERTIFICATE OF DEATH

Died at ^{Town} Salisbury ^{County} Wicomico

MARYLAND

Date of death 1906 ^{Month} June ^{Day} 12 ^{Years} Age 75 ^{Months} 8 ^{Days} 23Sex Male ^{Color or Race} White ^{Birth-place} SalisburyOccupation Druggist ^{Where Residing if not at place of death}Married, Single or Widowed Married ^{Name of Wife or Husband} Louisa CollierFather's Name Levin D. Collier ^{Father's Birthplace} SalisburyMother's Maiden Name Alice Dashiell ^{Mother's Birthplace} SalisburyName of person giving information L. D. Collier Jr. ^{How related to deceased} Son

CAUSES OF DEATH

Primary Acute Indigestion ^{How long} 1 weekImmediate Uremia ^{How long} 24 hours

Are the name, age, sex, color, date and place correctly given above?

Yms

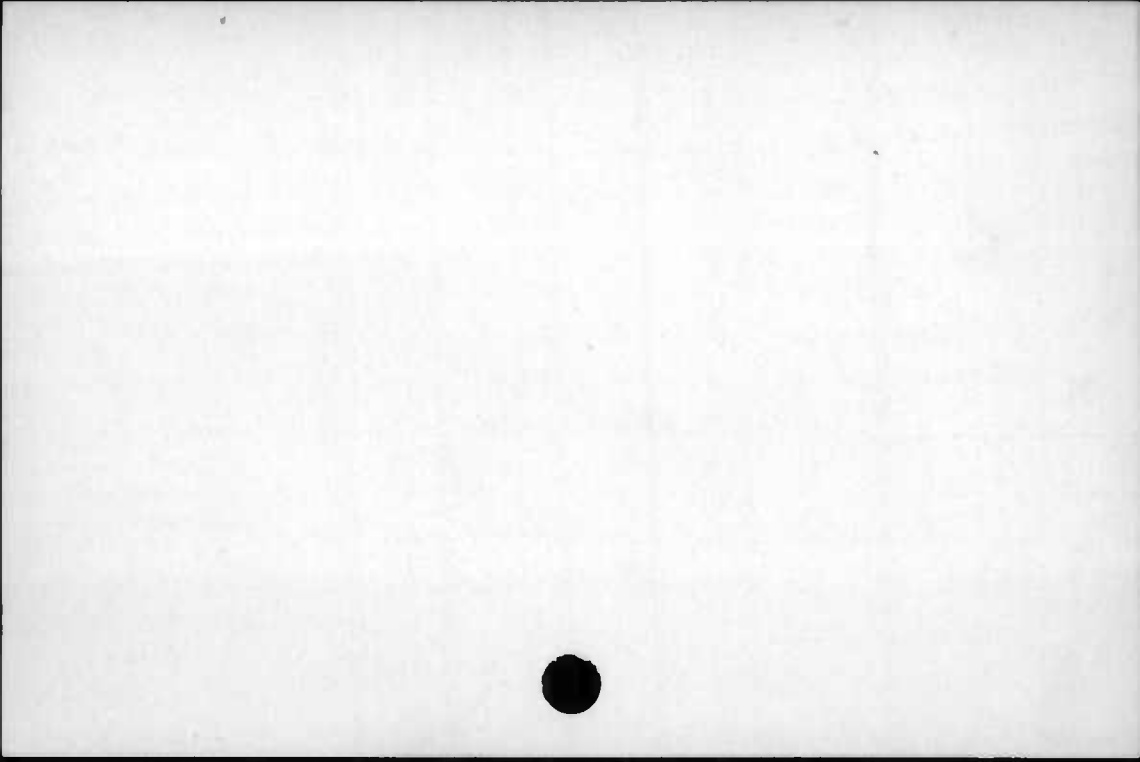
Signature of Physician

Address

F. M. Stemons M.D.
Salisbury Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Genette Crew

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Salisbury</i> Town		<i>Wicomico</i> County			
Date of death	1906	Month	June	Day	30
Sex	Female	Color or Race	White	Age	5' 0
Occupation			Where Residing if not at place of death	Salisbury Md.	
Marrried, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Sidney G. Crew			Father's Birthplace	Salisbury Md.
Mother's Maiden Name	Katie E. Washbourne			Mother's Birthplace	
Name of person giving information	Sidney G. Crew			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Improper diet -</i>	How long	<i>105</i>	<i>till symptoms</i>
Immediate	<i>Enteric Colitis</i>	How long	<i>Short Time</i>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		<i>Geo. W. Todd</i>	
	Address		<i>Salisbury Md</i>	
Accident or Suicide?				



Name
in
Full

Annie L. Crouch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Near Salisbury		Wicomico					
Date of death	1904	Month	June	Day	20th	Age	33
						Years	4
						Months	13
Sex	Female		Color or Race	White		Birth-place	Farmstead Md.
Occupation	Housework		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband	John W. Crouch			
Father's Name	Benjamin J. Dixon				Father's Birthplace	Wicomico Co. Md.	
Mother's Maiden Name	Catharine Layman				Mother's Birthplace	" " "	
Name of person giving information	Mrs. C. Crouch				How related to deceased	None	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gastro-Intestinal Infection		How long	one week
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	J. M. Clemens M.D.
			Address	Salisbury Md.
Accident or Suicide?				



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mary E. Crouch</i>				County <i>Wicomico</i>		State <i>MARYLAND</i>	
Died at <i>Near Salisbury</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		State <i>MARYLAND</i>	
Date of death <i>1906</i>	Month <i>June</i>	Day <i>3rd.</i>	Age <i>53</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Worcester Co. Md.</i>				
Occupation <i>Housekeeping</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>William E. Crouch</i>						
Father's Name <i>Thomas E. Phillips</i>	Father's Birthplace <i>„</i>						
Mother's Maiden Name <i>Mary E. Phillips</i>	Mother's Birthplace <i>„</i>						
Name of person giving information <i>George J. Adkins</i>	How related to deceased <i>Son in law</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Not known</i>	How long	
Immediate	<i>Not known</i>	How long	<i>About one half hour</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Geo. E. Hill</i>
		Address	<i>Salisbury</i>
Accident or Suicide?	<i>No</i>		<i>(Undertaker) Md.</i>

Mrs Crouch was a short fat woman had a
very short neck. Had been having good health
up to within 30 or 40 minutes of her death.

There was no doctor to see her.

Looked to me like apoplexy

Geo. C. Hill

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Donnithan</i> ^{Town}		<i>Wicomico</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month <i>June</i>	Day <i>27th</i>	Age <i>68</i>	Years <i>68</i> Months <i></i> Days <i></i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Md.</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i></i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Harriette L. Dashiell</i>				
Father's Name <i>Joshua Johnson</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Harriett Biddy Johnson</i>	Mother's Birthplace <i></i>				
Name of person giving information <i>David A. Dashiell</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dont</i>	How long <i>known</i>
Immediate <i>Bright Disease</i>	How long <i>Dont know</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. W. Todd</i>
	Address <i>Salisbury Md</i>
Accident or Suicide? <i></i>	



Name
in
Full

William D. Dashiell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} near Salisbury^{County} Wicomico

Date of death 1906 June

Day 15

Age 29 Years

Months 10

Days 1

Sex male

Color or Race

Black

Birth-place

Md

Occupation

Farmer

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or

~~husband~~

Maggi Dashiell

Father's Name

Samuel Dashiell

Father's Birthplace

Md

Mother's Maiden Name

Sarah Emms

Mother's Birthplace

Md

Name of person giving information

Samuel Dashiell

How related to deceased

Father

CAUSES OF DEATH

Primary

Miliary Tuberculosis

How long

about 1 year

Immediate

Meningitis Tubercular

How long

Short while

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Geo. W. Foll

Address

Salisbury Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Margaret Louise Elzey

CERTIFICATE OF DEATH

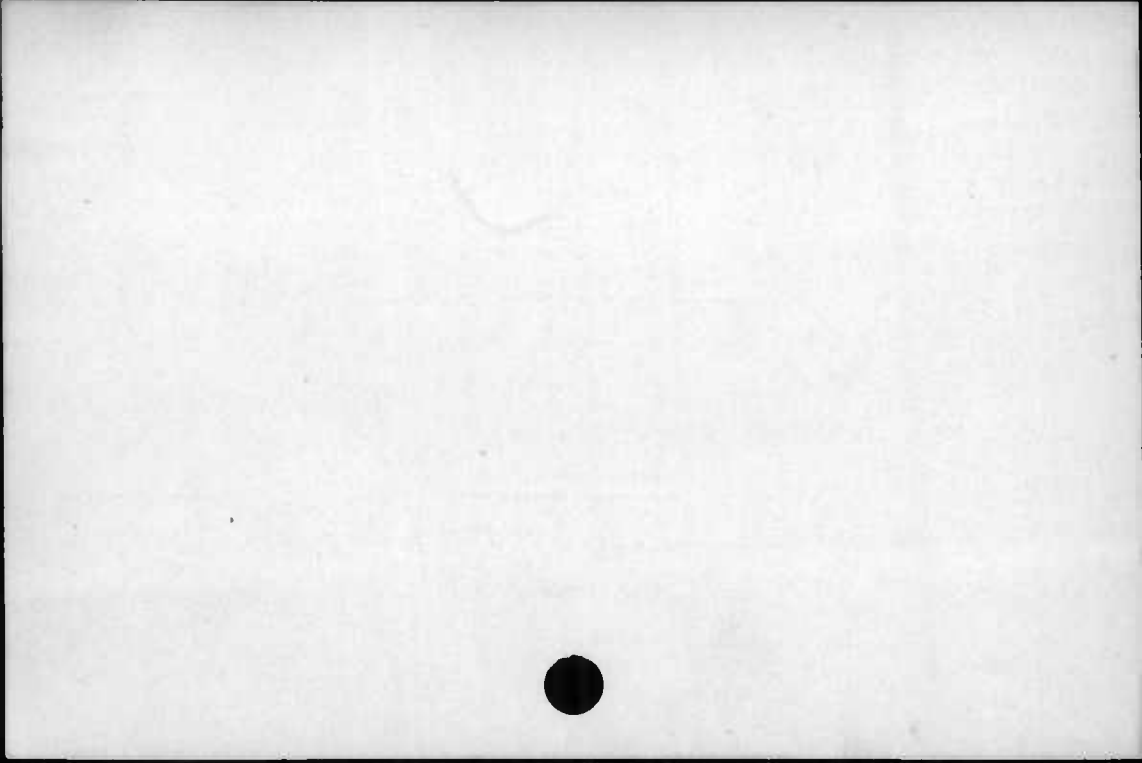
Died at		Town Salisbury		County Wicomico		MARYLAND	
Date of death		1906	Month June	Day 27	Age Years	Months 11	Days 28
Sex Female		Color or Race Colored		Birth- place Salisbury Md.			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Ware Elzey				Father's Birthplace Maryland	
Mother's Maiden Name		Mary Brice				Mother's Birthplace "	
Name of person giving In formation		Georgeanna Elzey				How related to deceased Grand Mother	

CAUSES OF DEATH

Primary	Repters - colitis	How long	105 5 days
Immediate	Septic intoxication	How long	7 or 8 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		W. J. Clark	
Address		Salisbury, Md.	
Accident or Suicide?		No	



Name in Full		Enoch L. Greeny				Town		County		Mieomier		MARYLAND		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Date of death		1906	Month	June	Day	2	Age	55	Years	Months	Days	few minutes
	Sex		male		Color or Race		White		Birthplace		Md				
	Occupation		Farmer		Where Residing if not at place of death										
	Married, Single or Widowed		Single		Name of Wife or Husband		Sarah A. Greeny								
	Father's Name		Joshua J. Greeny		Father's Birthplace		Md								
	Mother's Maiden Name		We not know		Mother's Birthplace										
	Name of person giving information		Alfred L. Greeny		How related to deceased		Son								
CAUSES OF DEATH															
PHYSICIAN OR CORONER	Primary		Military Tuberculosis		How long		about 1 year								
	Immediate		Tubercular Meningitis		How long		few days								
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Geo. H. Todd								
					Address		Salisbury Md								
	Accident or Suicide?														



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Months Days

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Name
in
Full

Willard H Hall

CERTIFICATE OF DEATH

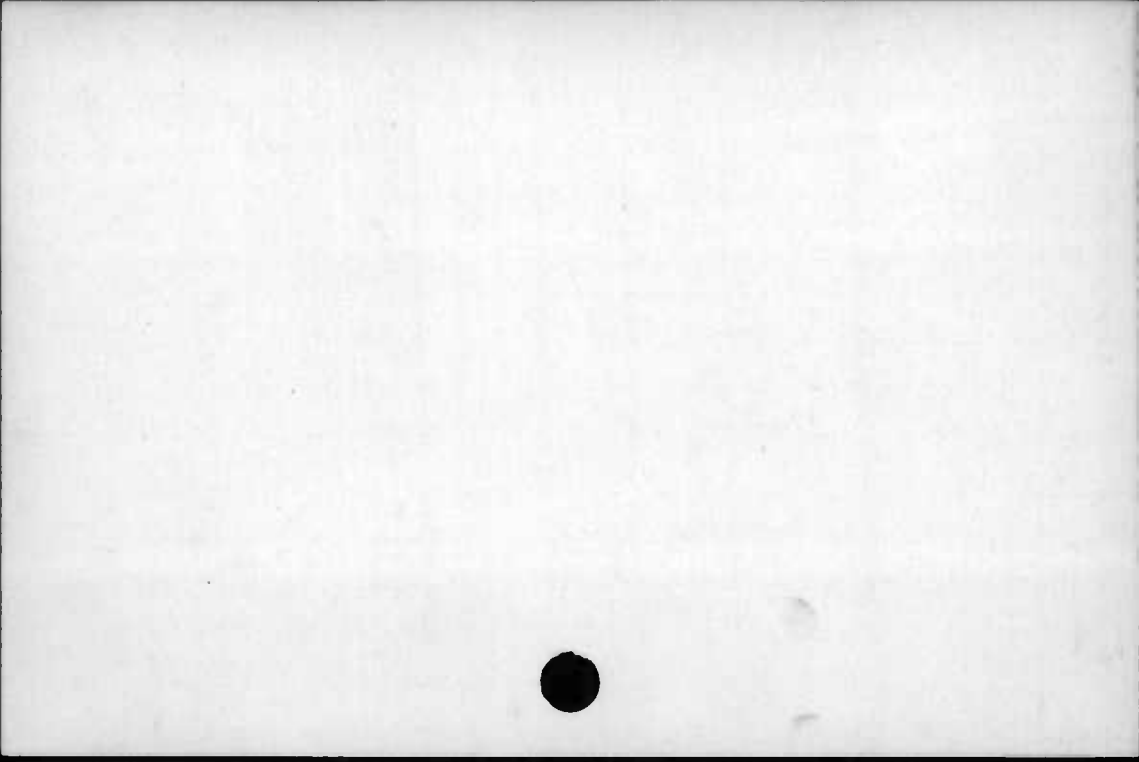
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> <small>Town</small>		<u>Wicomico</u> <small>County</small>		MARYLAND	
Date of death	<u>1906</u> <small>Month</small>	<u>June</u> <small>Day</small>	<u>29</u> <small>Years</small>	<u>50</u> <small>Months</small>	<u>11</u> <small>Days</small>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Milford Del</u>
Occupation	<u>Government Service</u>		Where Residing if not at place of death	<u>Port Penn Del</u>	
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Henrietta D Hall</u>		
Father's Name	<u>Alfred K. Hall</u>			Father's Birthplace	<u>Ocean View Del</u>
Mother's Maiden Name	<u>Alice Mustard Hall</u>			Mother's Birthplace	<u>Cool Spring Del</u>
Name of person giving information	<u>Robert W. Grier</u>			How related to deceased	<u>Brother in law</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Lurungal Intercaloria</u>	How long	<u>1 year(?)</u>
Immediate	<u>Starvation</u>	How long	<u>few days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>J. W. Grier</u>
		Address	<u>Salisbury Del</u>
Accident or Suicide?	<u>No</u>		



Name in Full Granville R. Hambury		CERTIFICATE OF DEATH	
Town Salisbury		County Wicomico	
Died at		MARYLAND	
Date of death	Month June	Day 28	Age 36
Sex Male	Color or Race White	Months 1	Days 3
Occupation Clerk	Where Residing if not at place of death Salisbury Md.		
Married, Single or Widowed Married	Name of Wife or Husband Cora Fooks Hambury		
Father's Name Thomas Hambury	Father's Birthplace Maryland		
Mother's Maiden Name Alice Evans	Mother's Birthplace "		
Name of person giving Information Cora Hambury	How related to deceased Wife		
CAUSES OF DEATH			
Primary Tuberculosis	How long 21		
Immediate General Excitation & Heart Failure	How long 3 months		
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Louis W. Kumin M.D.		
	Address Salisbury Md.		
Accident or Suicide?			



Name
in
Full

Elmore R Heath

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> Town		<u>Wilomine</u> County		MARYLAND	
Date of death	<u>1906</u> Month	<u>9</u> Day	Age	<u>17</u> Years	<u>6</u> Months <u>3</u> Days
Sex	<u>male</u>	Color or Race	<u>White</u>	Birth-place	<u>Md</u>
Occupation	<u>Waterman</u>		Where Residing If not at place of death <u>Desterville Md</u>		
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<u>Samuel E Heath</u>			Father's Birthplace	<u>Md</u>
Mother's Maiden Name	<u>Julia R Heath</u>			Mother's Birthplace	<u>Md</u>
Name of person giving information	<u>Samuel E Heath</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Cinchois of Liver</u>	How long	<u>6 months</u>
Immediate	<u>Dysentery & malnutrition</u>	How long	<u>6 weeks</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Garfield Spring Md</u>
		Address	<u>Salisbury Md</u>
Accident or Suicide?	<u>No</u>		



Name
In
Full

Mrs Robt. Horner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

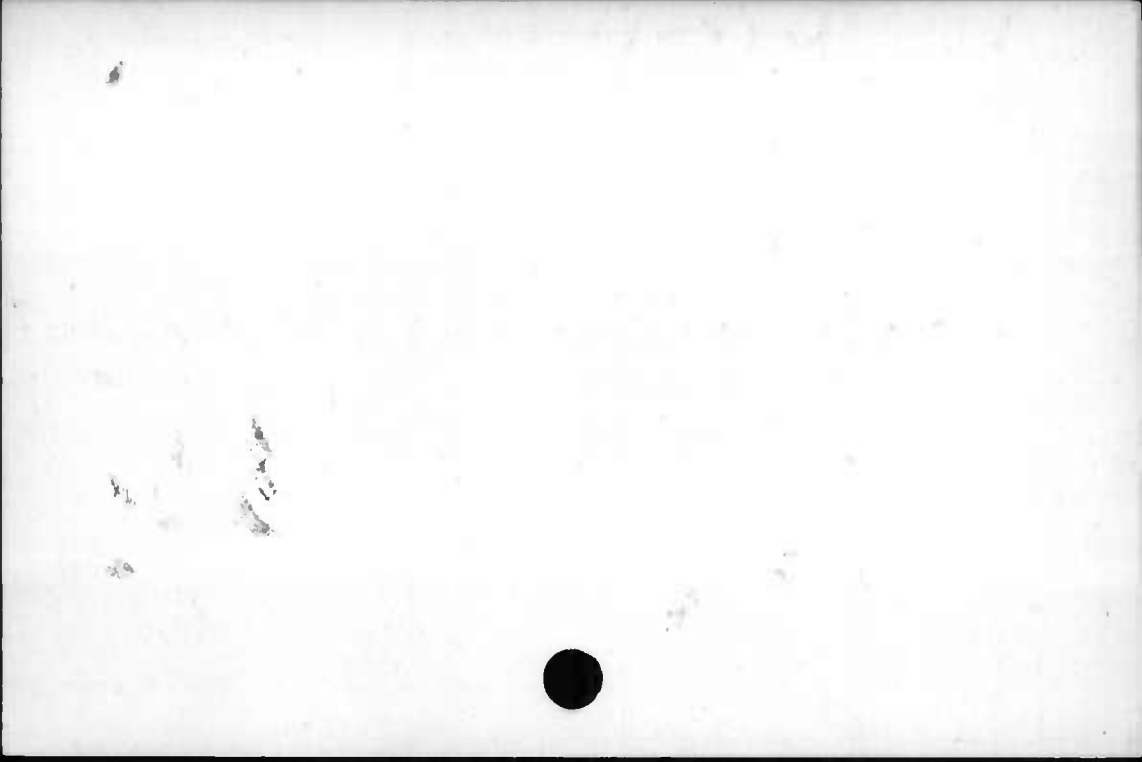
Died at <u>Interville</u> <small>Town</small>		<u>Monroe</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u> <small>Month</small> <u>June</u> <small>Day</small> <u>27</u> <small>Years</small> <u>78</u>		Age <u>78</u>		Months <u>-</u> Days <u>-</u>	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Monroe Co</u>	
Occupation <u>House-keeper</u>		Where Residing if not at place of death <u>-</u>			
Married, Single or Widowed <u>Widow</u>		Name of Wife or Husband <u>Robt. Horner</u>			
Father's Name <u>Wm. Kernan</u>		Father's Birthplace <u>-</u>			
Mother's Maiden Name <u>Wm. Kernan</u>		Mother's Birthplace <u>-</u>			
Name of person giving information <u>-</u>		How related to deceased <u>-</u>			

CAUSES OF DEATH

(14)

PHYSICIAN
OR CORONER

Primary <u>dysentery</u>	How long <u>7 da.</u>
Immediate <u>Exhaustion</u>	How long <u>2 da.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. R. Bishop</u>
	Address <u>Monroe Co</u>
Accident or Suicide? <u>no</u>	



Name
in
Full

John E Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> Town		<u>Wicomico</u> County		MARYLAND		
Date of death	<u>1906</u> Year	<u>June</u> Month	<u>8</u> Day	Age <u>1</u> Years	<u>50</u> Months	<u>8</u> Days
Sex <u>male</u>	Color or Race <u>White</u>		Birth-place <u>Salisbury, Md</u>			
Occupation			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband			
Father's Name <u>William Jones</u>			Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Lida Spirens</u>			Mother's Birthplace <u>Md</u>			
Name of person giving information <u>William Jones</u>			How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Enteric colitis</u>	How long <u>9 days</u>
Immediate <u>Exhaustion</u>	How long <u>7 or 8 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. C. Dr. J.</u>
	Address <u>Salisbury, Md</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

CERTIFICATE OF DEATH

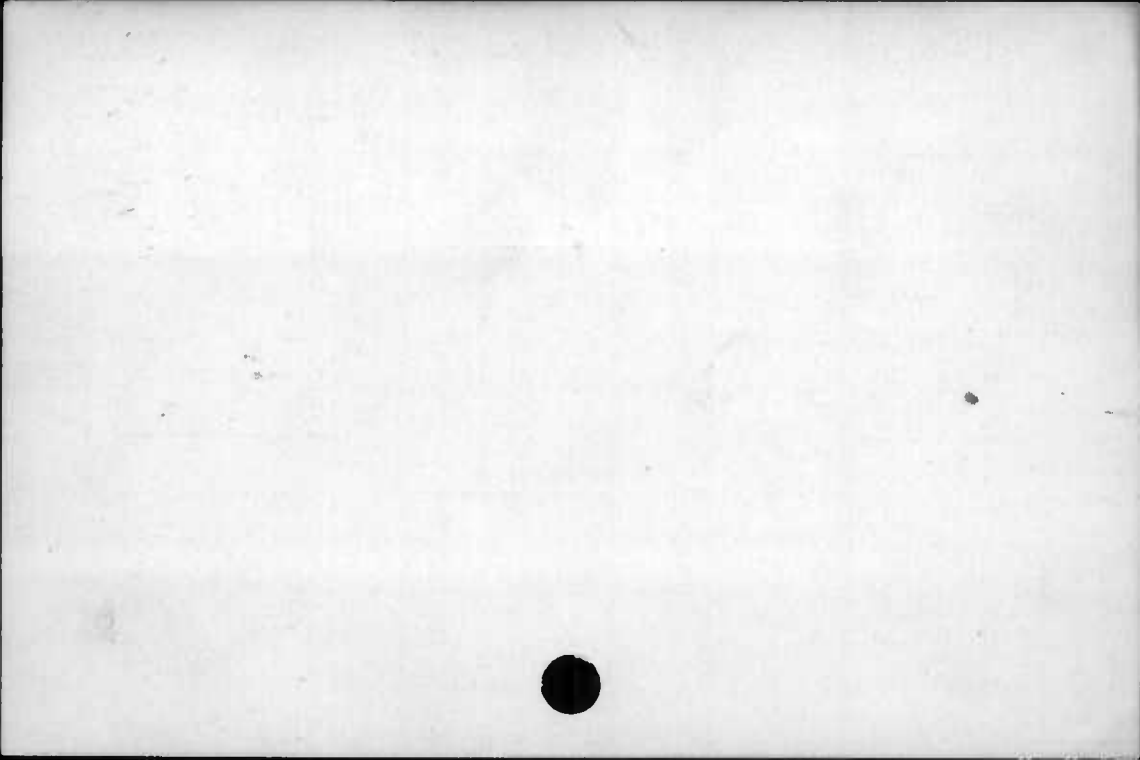
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> ^{Town}		<i>Wicomico</i> ^{County}		MARYLAND	
Date of death	<i>1906</i> ^{Month}	<i>June</i> ^{Day}	<i>28</i> ^{Years}	<i>6</i> ^{Months}	<i>6</i> ^{Days}
Sex	<i>Female</i>		Color or Race	<i>White</i>	Birthplace
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Improper Feeding</i>	How long	<i>all life</i>
Immediate	<i>Enteric Colitis</i>	How long	<i>several weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Geo. W. Ford</i>
		Address	<i>Salisbury Md</i>
Accident or Suicide?			



Name
in
Full

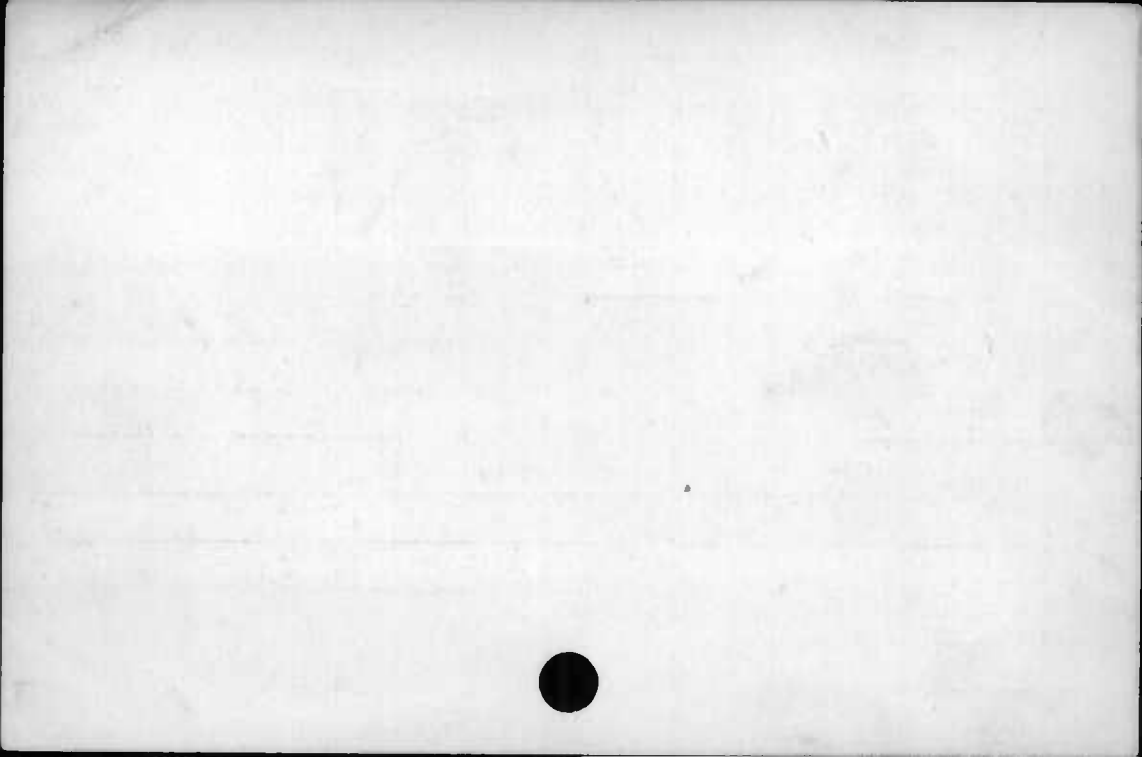
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		6	5	16		6	17
Sex		Color or Race		Birth-place			
Male		Caucasian		Maryland			
Occupation				Where Residing if not at place of death			
Farmer				" "			
Married, Single or Widowed		Name of Wife or Husband					
Single		Jacob Jones					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased				mother	
" "		" "					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Tuberculosis (27)		How long	6 Mos
	Immediate			How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. H. Oda	
	yes		Address	Festerville	
	Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Salisbury		County Wicomico		MARYLAND	
Date of death		1906	Month June	Day 12	Age Years	Months one	Days Two
Sex		Male		Color or Race		White	
Birth- place		Salisbury Md.					
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

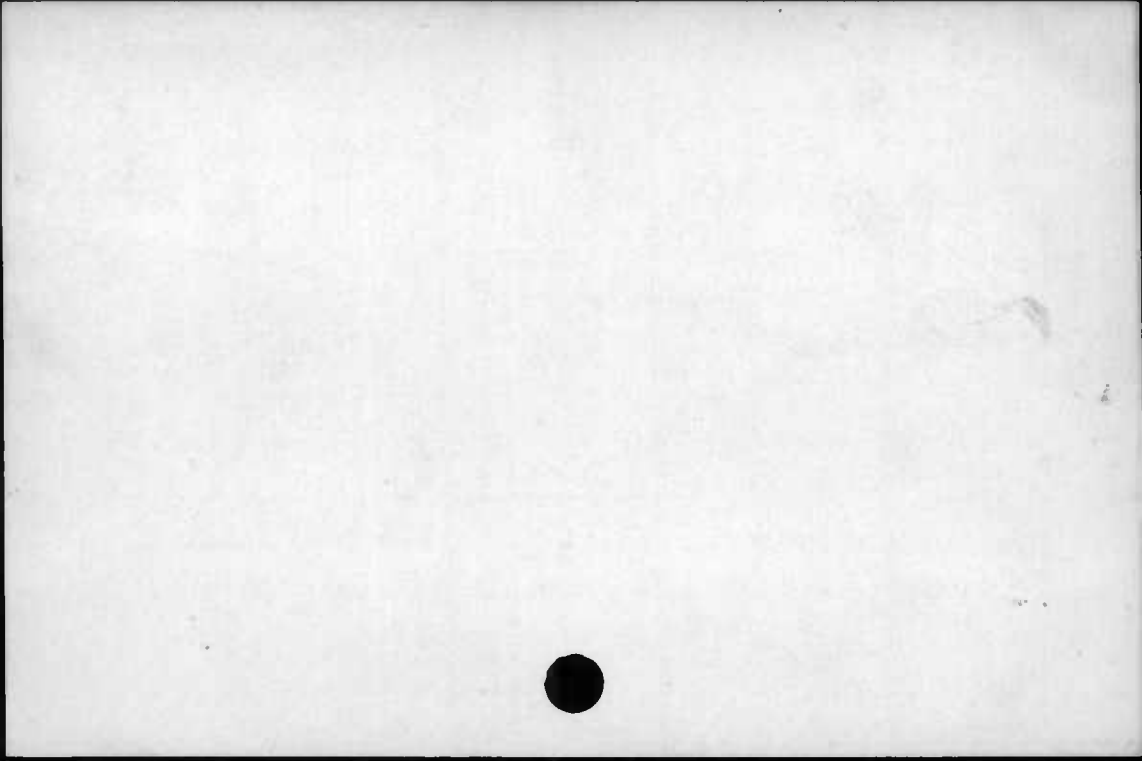
Primary	Mareusmus	How long	32 days
Immediate	Ephemus	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address	
Accident or Suicide?		Salisbury Md.	



Name in Full		Capt. Geo. W. Kennerly				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Salisbury		Town		Wicomico	
	County						
	Date of death	1906	Month	June	Day	14	Age
	Years		57		Months		Days
	Sex	Male		Color or Race	White		Birth-place
	Wicomico Co. Md.						
	Occupation	Watchman		Where Residing If not at place of death			
PHYSICIAN OR CORONER	Married, Single or Widowed	Married		Name of Wife or Husband			
	Emily C. Kennerly						
	Father's Name	Leather Kennerly		Father's Birthplace			
	" " "						
	Mother's Maiden Name	Eleanor A. Phillips		Mother's Birthplace			
Del.							
Name of person giving information		B. F. Kennerly		How related to deceased			
Nephew							
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Chronic Rheumatism & Cystitis				How long	
	Several years						
	Immediate	Uraemia				How long	
	3 or 4 days						
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
Louis C. Kennerly M.D.				Address			
Rulishy Md.							
Accident or Suicide?							



Name in Full		Archie MacLain				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Salisbury		Town		County	
	Date of death	1906	Month	June	Day	8	Age
	Sex	male	Color or Race	White	Years	2	Months
	Occupation		Birth-place	Salisbury Md	Days	18	
	Where Residing if not at place of death						
	Married, Single or Widowed	Name of Wife or Husband					
	Father's Name	John B MacLain				Father's Birthplace	Del
Mother's Maiden Name	Jada A Lewis				Mother's Birthplace	Md	
Name of person giving information	John B MacLain				How related to deceased	Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Improper Diet -				How long	about 1 hour
	Immediate	Enteric Colitis				How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
					Salisbury Md		
Accident or Suicide?							



Name In Full

Certificate of Death

Sister Mafors
 Town County
 Died at *Mar Athel Wicomico* MARYLAND
 Date 19 *06* Month *June* Day *29* Y. *7* M. *2* D. *and* Native of Occupation

Male *Male* White *White* Married *Widow* Divorced
 Female *Colored* Single *Widower* Number of children living

Husband of

Wife

Father's Name *Sister Mafors* Mother's Maiden Name *Essie Hutton*

Cause of Death { Primary *Gang* Immediate *Sumo base* } How long sick *2 days*
 (85) Accident, Suicide, Homicide

Reported by *Sister Mafors*Address *St. English*
Seaman

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79825



Name
in
Full

Infant Son.

Waltham

CERTIFICATE OF DEATH

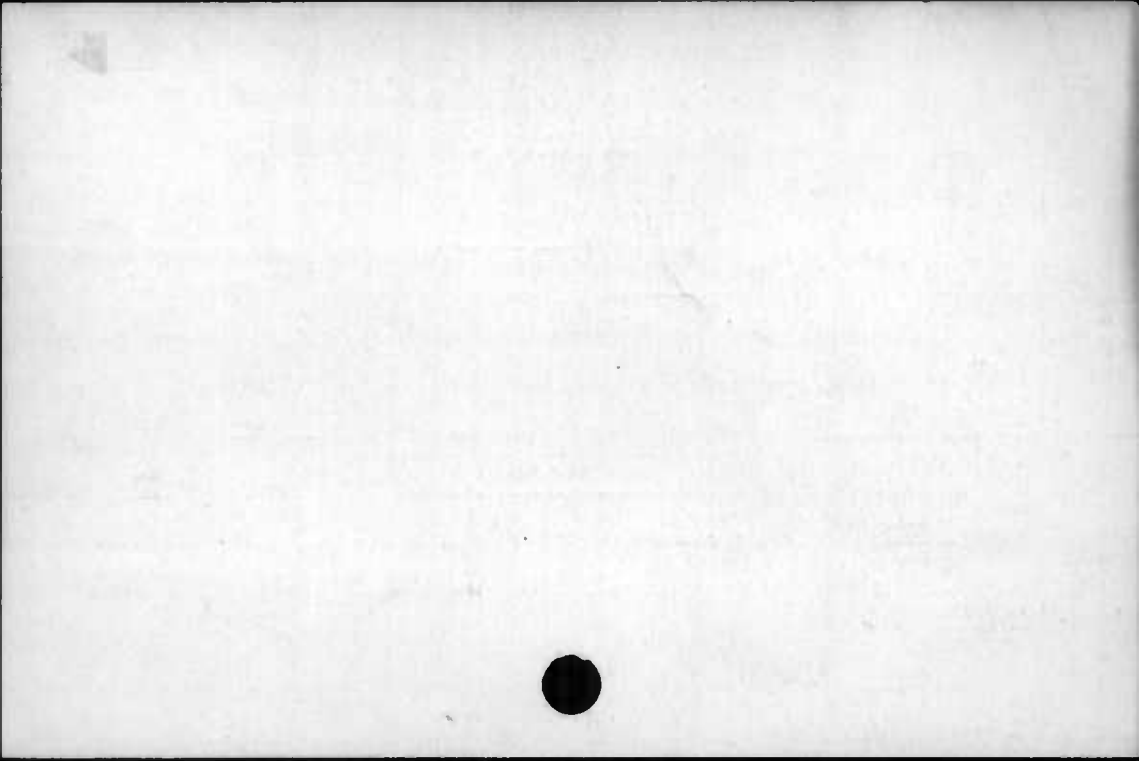
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Fruitland		County Waltham		MARYLAND	
Date of death	1906	Month June	Day 13	Age -	Years -	Months 8	Days 25
Sex Male	Color or Race Colored		Birthplace Fruitland				
Occupation -			Where Residing if not at place of death				
Married, Single or Widowed -			Name of Wife or Husband -				
Father's Name H. C. or H. C. B. B. B.			Father's Birthplace Fruitland Md				
Mother's Maiden Name Mary			Mother's Birthplace do do				
Name of person giving information R. M. B. B. B.			How related to deceased none				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Sporadic Intestinal		How long	3 Months
Immediate	Bowel Malnutrition		How long	1 Week
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician G. J. Sprague	
			Address Salisbury Md	
Accident or Suicide?				



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at

Salisbury

Town

Wicomico

County

Date

of death

1906

Month

June

Day

2

Age

Years

1

Months

3

Days

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Clarence Livingston

Father's
Birthplace

Md

Mother's
Maiden Name

Henrietta Mumford

Mother's
Birthplace

Md

Name of person giving
Information

Ernest L Hastings

How related
to deceased

one relation

CAUSES OF DEATH

Primary

Enterocolitis

How long

1 week

Immediate

Exhaustion

How long

7 or 8 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

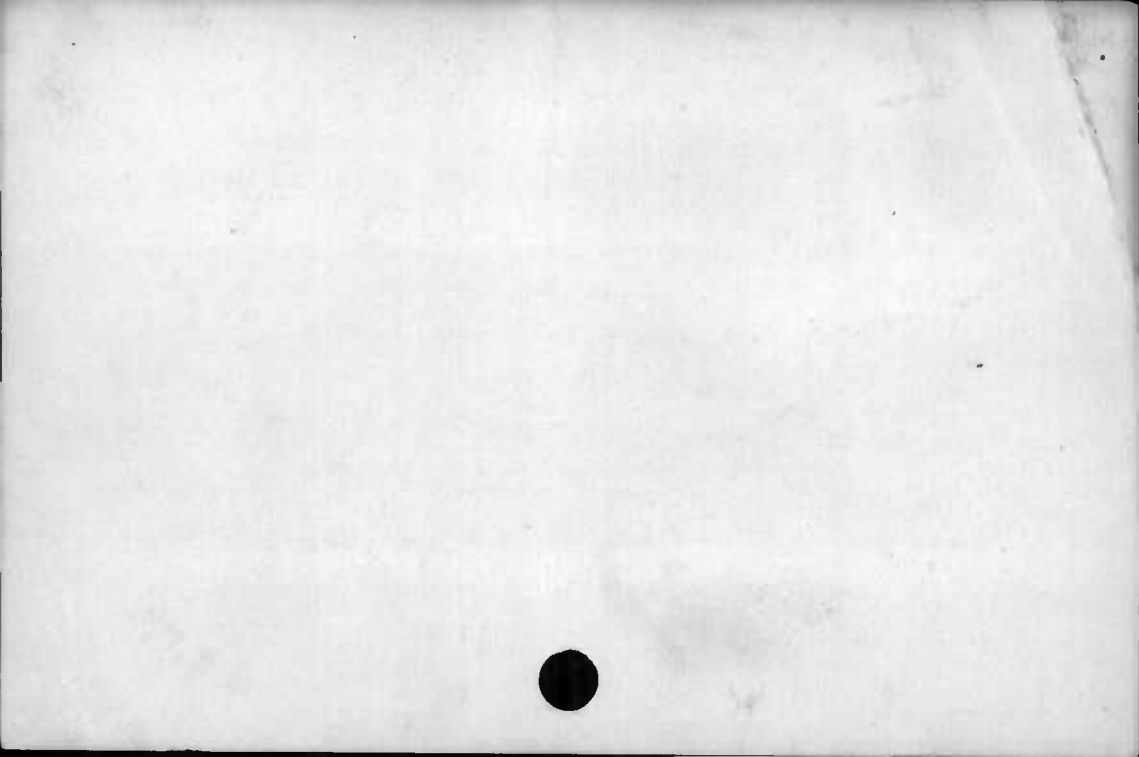
Signature of
Physician

Address

J. M. O. Davis
Salisbury Md

Accident or Suicide?

no



Name
in
Full

Charlotte Edllen Pallitt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Near Salisbury</i> ^{County} <i>Wicomico</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>June</i>	Day <i>22</i>
Age		Years <i>56</i>	Months <i>9</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Md</i>	
Occupation <i>Housework</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Joshua D. Pallitt</i>		
Father's Name <i>Abieziah Maddox</i>	Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Charlotte Baker</i>	Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Joshua D. Pallitt</i>	How related to deceased <i>Husband</i>		

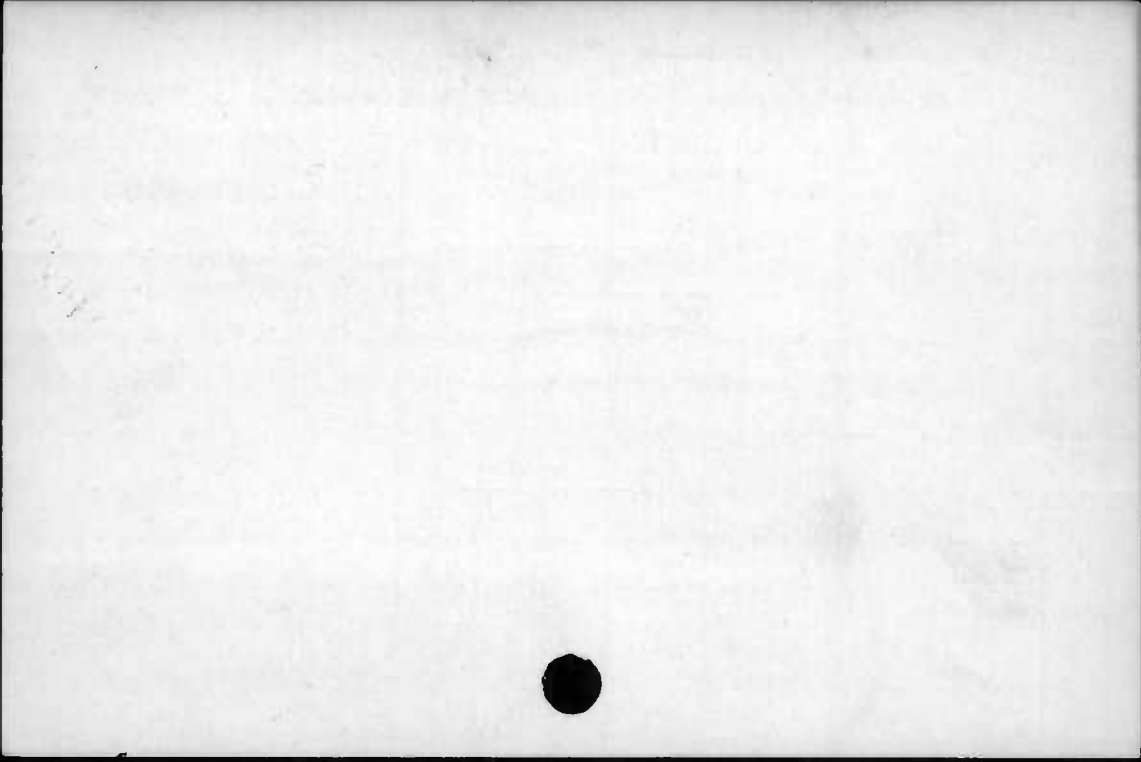
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Colitis</i>	How long <i>10</i>	How long <i>One or two weeks</i>
Immediate <i>Exhaustion</i>		
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. H. Todd</i>	
	Address <i>Salisbury Md</i>	
Accident or Suicide?		



Name in Full		Ella Pinkett				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Salisbury		Wicomico		MARYLAND	
	Date of death	Month	Day	Years	Months	Days	
	Sex	Female		Color or Race	Black		
	Occupation	House work		Birth-place	Maryland		
	Married, Single or Widowed	Name of Wife or Husband		Denard W. Pinkett			
	Father's Name	Benjamin Wilson		Father's Birthplace	Don't know		
	Mother's Maiden Name	Don't know		Mother's Birthplace	Don't know		
Name of person giving information	Denard W. Pinkett		How related to deceased	Husband			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Phthisis Pulmonalis			How long	Year or 30	
	Immediate	Exhaustion			How long	Short Time	
	Are the name, age, sex, color, date and place correctly given above?	Yes			Signature of Physician	Geo. H. Todd	
	Address	Salisbury Md					
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

Bernice, Quimby

Town

County

MARYLAND

Died at

Near Mardella

Wicomico

Date

Month

Day

Years

Months

Days

of death 1906

6

17

Age

26

Sex

Female

Color or
Race

White

Birth-
place

P. a

Occupation

House wife

Where Residing if not
at place of death

M d

Married, Single
or Widowed

Married

Name of Wife or
Husband

Charles Quimby

Father's
Name

Frank, Lowers

Father's
Birthplace

P a

Mother's
Maiden Name

Eva Lowers

Mother's
Birthplace

P a

Name of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Liber culosis

How long

Immediate

Heart Failure

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

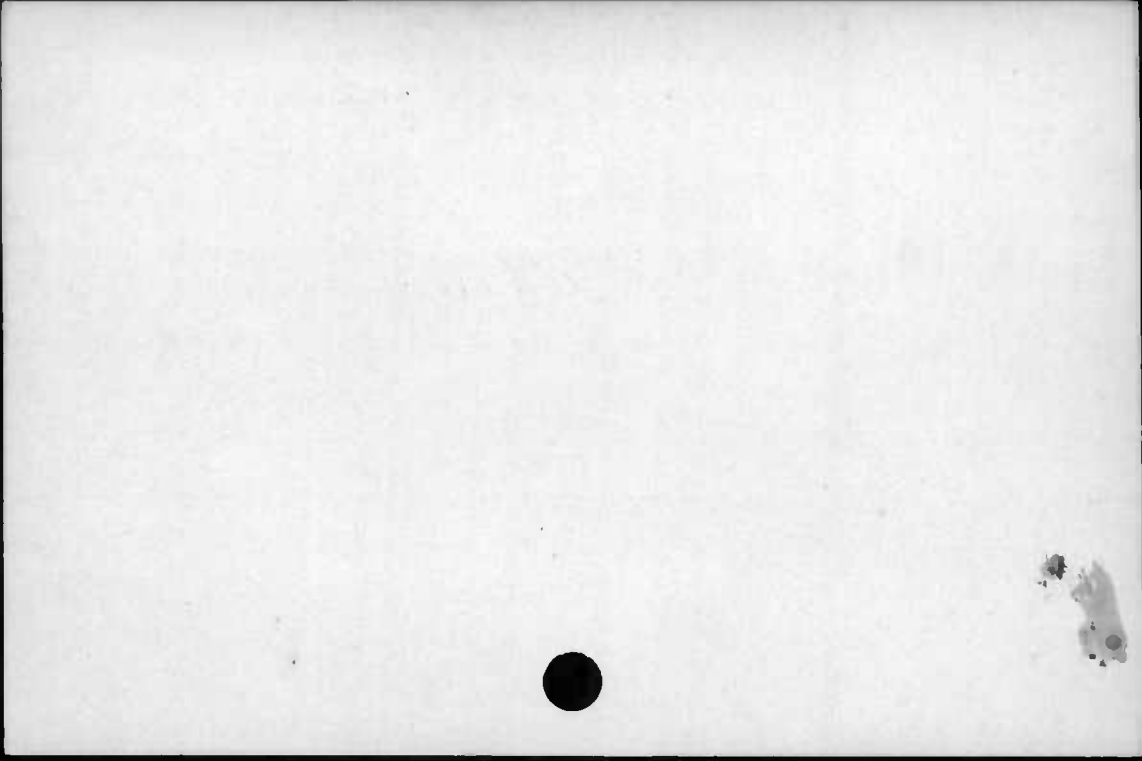
Signature of
Physician

Address

J. M. Elderdice
Mardella spgs.
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Rusgold Russell

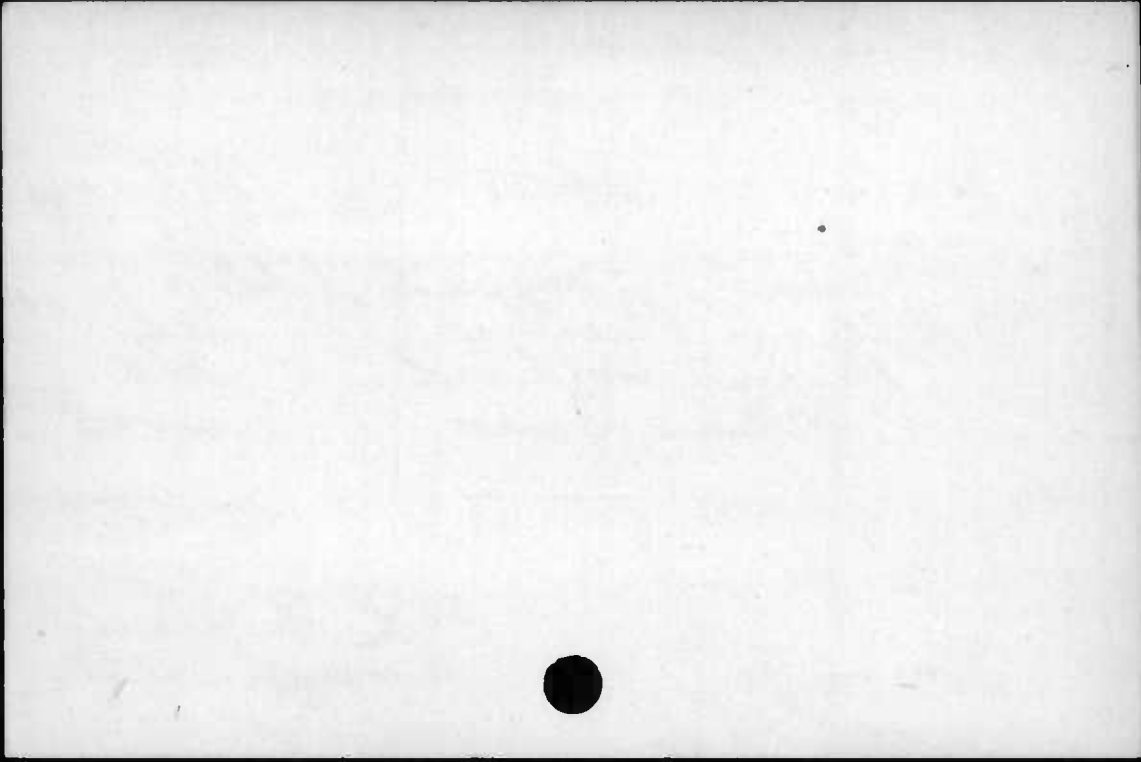
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		1906	Month	Day	Age	Years	Months
1906		June	5	41	4	2	
Sex		Color or Race		Birthplace			
Male		White		Near Riverston			
Occupation				Where Residing If not at place of death			
Sailor							
Married, Single or Widowed		Name of Wife or Husband					
Married		Maggie Russell					
Father's Name		Father's Birthplace					
William Russell		Riverston					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					
Oscar Russell		Uncle					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Tuberculosis	How long	3 years
	Immediate	Cardiac Failure	How long	3 weeks
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
	W. H. Cassaway		Address	
Accident or Suicide?		Shawlow Md		



Name
in
Full

Thomas L. Russell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Spring Grove</i>		Town <i>Wicomico</i>		County		MARYLAND	
Date of death	1904	Month <i>June</i>	Day <i>5</i>	Age	Years <i>42</i>	Months <i>00</i>	Days <i>00</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Md</i>
Occupation	<i>Sailor</i>			Where Residing if not at place of death		<i>Md</i>	
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband		<i>Maggie L. Walker</i>		
Father's Name	<i>William, Russell</i>				Father's Birthplace	<i>Md</i>	
Mother's Maiden Name	<i>Henrietta Gotthard,</i>				Mother's Birthplace	<i>Md</i>	
Name of person giving information	<i>William, Russell</i>				How related to deceased	<i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

(27)

How long

6 months

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

O. L. English

Address

*Mar delta - Spg
Maryland*

Accident or Suicide?



Name
in
Full

Clifton Smith

CERTIFICATE OF DEATH

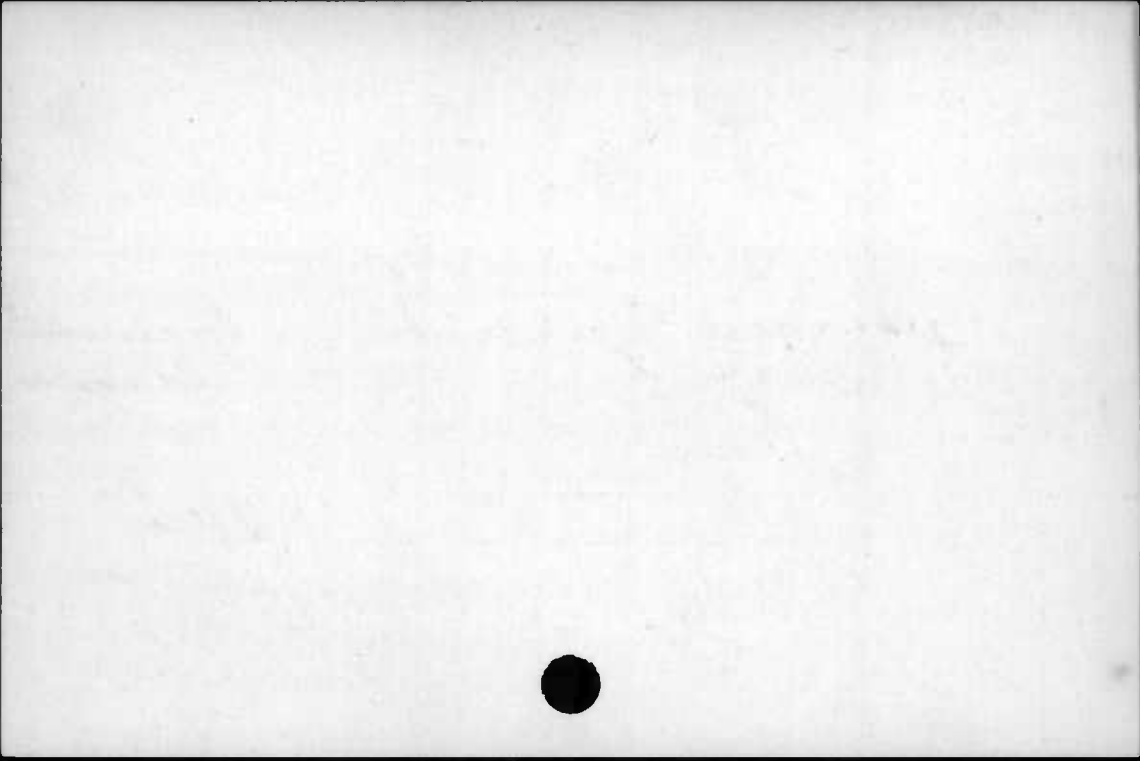
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hebron		County Wiscousco		MARYLAND	
Date of death		Month June	Day 15	Age 40	Years 10	Months 10	Days
Sex male		Color or Race white		Birthplace Hebron			
Occupation —				Where Residing if not at place of death Hebron			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name Charley Smith		Father's Birthplace —					
Mother's Maiden Name Rose Smith		Mother's Birthplace —					
Name of person giving information Mellie White		How related to deceased —					

CAUSES OF DEATH

PHYSICIAN
OR CDROMER

Primary	Cholera Infantum	How long	10 days
Immediate	—	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		H. E. Bowman	
Address		Hebron	
Accident or Suicide?		male	



Name
In
Full

CERTIFICATE OF DEATH

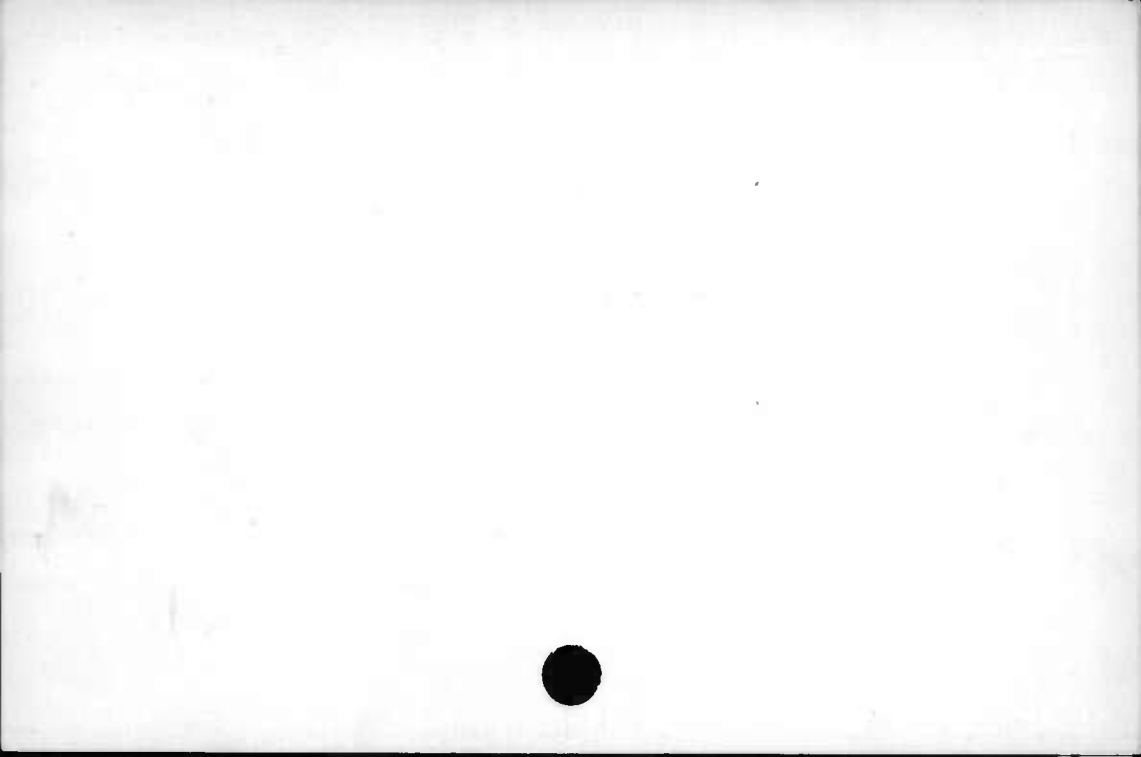
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Marysville</i> ^{Town} <i>Micromico</i> ^{County}		MARYLAND	
Date of death	1906	Month	June
		Day	30
		Age	19
		Years	
		Months	
		Days	
Sex	Female		Color or Race
Occupation	Housewife		Birth-place
			Micromico Co
Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband
			Ed. Stecher
Father's Name	Hiram Furber		Father's Birthplace
			Micromico Co
Mother's Maiden Name	Rosa		Mother's Birthplace
			Virginia
Name of person giving information	Ed. Stecher		How related to deceased
			Husband

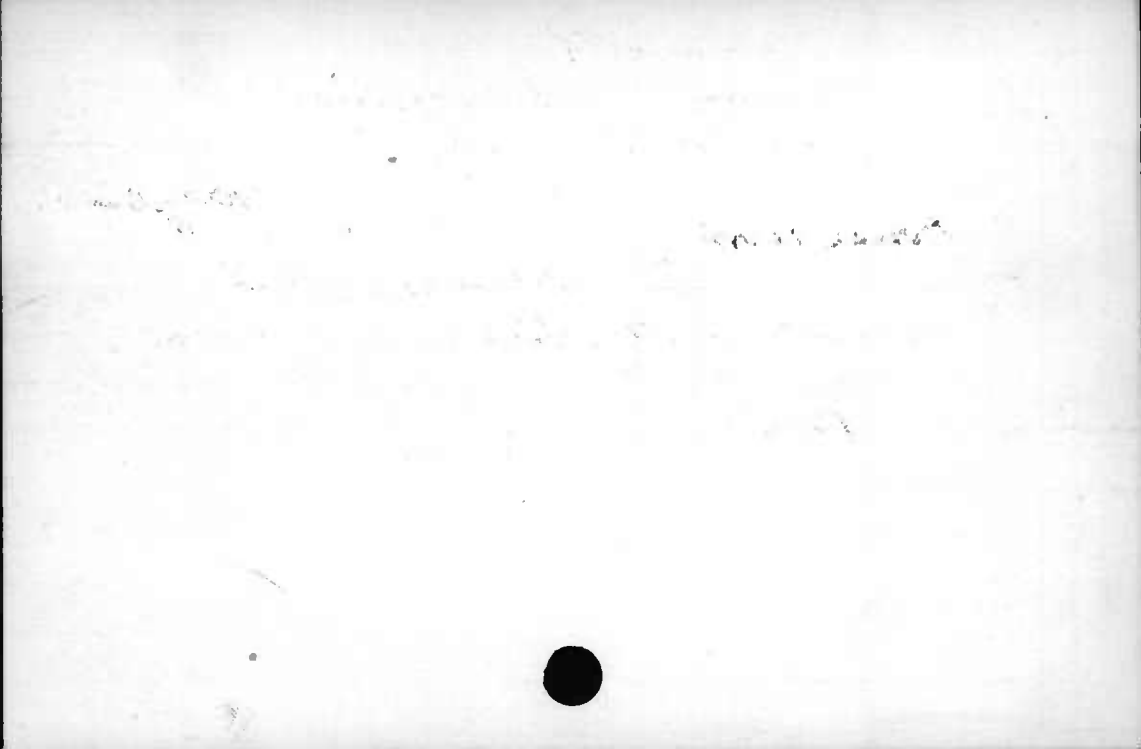
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Child - birth</i>	How long	<i>2 da.</i>
Immediate	<i>Eclampsia</i>	How long	<i>2 da.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. P. Berley</i>
		Address	<i>Marysville - Md.</i>
Accident or Suicide?			



Name in Full <i>R. L. Stewart</i>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Tallun</i> Town		<i>Wec</i> County
	Date of death <i>1906 June 25</i>		Age <i>77</i>
	Month <i>June</i> Day <i>25</i>		Months <i>4</i> Days <i>25</i>
	Sex <i>male</i>	Color or Race <i>White</i>	Birth-place <i>Somerset</i>
	Occupation <i>Farmers</i>		Where Residing if not at place of death <i>Wecmined</i>
	Married, Single <i>Widowed</i>	Name of Wife or Husband <i>Callie Louisa</i>	
	Father's Name <i>Wm. Stewart</i>		Father's Birthplace
	Mother's Maiden Name <i>Julia White</i>		Mother's Birthplace
Name of person giving information <i>H. J. Messick</i>		How related to deceased <i>none</i>	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary		How long
	Immediate <i>Apoplexy</i>		How long <i>3 days</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. I. Long</i>
			Address <i>Tallun Wec</i>
	Accident or Suicide?		



Name in Full		William Washington Taylor				CERTIFICATE OF DEATH	
		Town Allen		County Wicomico		MARYLAND	
Died at							
Date of death		1906	Month June	Day 12	Age 35	Years 3	Months 6
Sex Male		Color or Race White		Birth-place Seals Island			
Occupation Farmer		Where Residing if not at place of death Allen					
Married, Single or Widowed Married		Name of Wife or Husband Mary J. Stewart					
Father's Name William Fields		Father's Birthplace Sharpspoint					
Mother's Maiden Name Josinta R Taylor		Mother's Birthplace P. Anne					
Name of person giving information Mother		How related to deceased					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Tuberculosis		How long	1 1/2 yrs
	Immediate			How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		
	Signature of Physician		[Signature]		
	Address		Allen Md.		
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

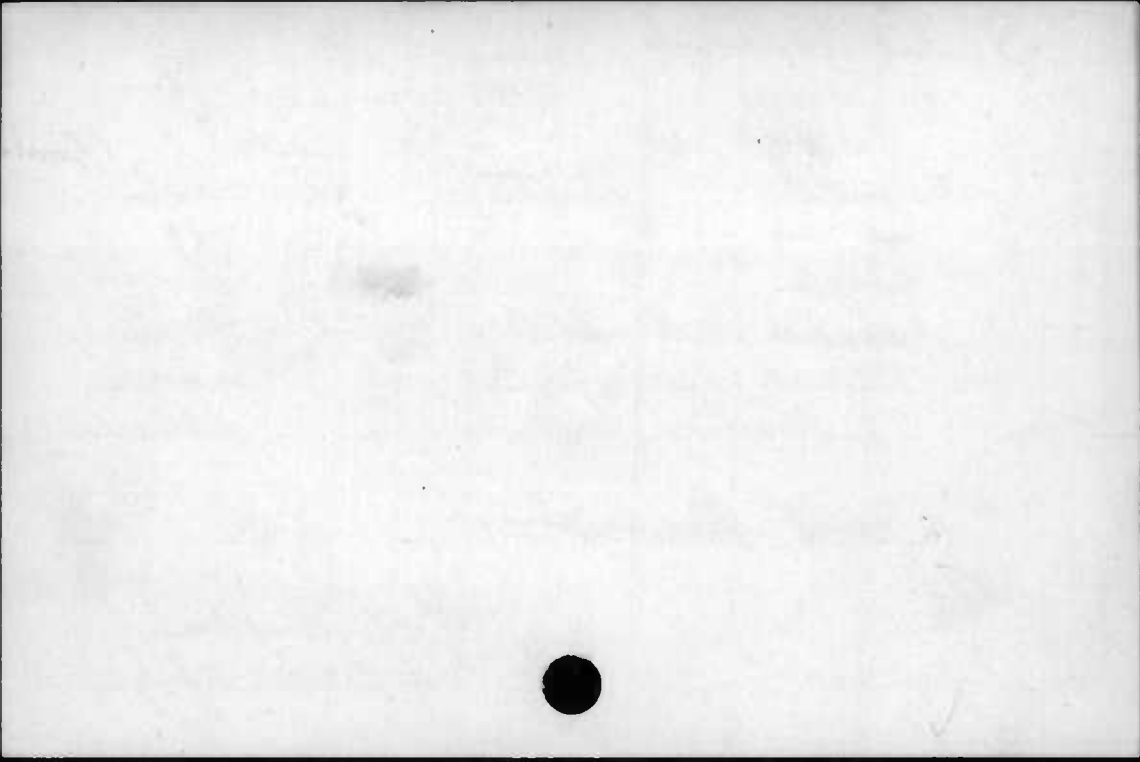
MARYLAND

Died at <u>Salisbury</u> Town		<u>Wilcomico</u> County	
Date of death	<u>1906</u> Year	<u>June</u> Month	<u>27</u> Day
Sex	<u>Female</u>	Color or Race	<u>Black</u>
Occupation	Where Residing if not at place of death <u>Maryland</u>		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	<u>Charlie Thomas</u>		Father's Birthplace <u>Maryland</u>
Mother's Maiden Name	<u>Charlotte Harmon</u>		Mother's Birthplace <u>Maryland</u>
Name of person giving information	<u>Charlie Thomas</u>		How related to deceased <u>Father</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Maryannus</u>	How long	<u>Since birth</u>
Immediate	<u>Exhaustion</u>	How long	<u>few days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>[Signature]</u>
		Address	<u>Salisbury, Md</u>
Accident or Suicide?	<u>No</u>		



Name
in
Full

Sadie Walker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>her home</i>		Town		County <i>Wicomico</i>		MARYLAND	
Date of death	1906	Month	4	Day	20	Age	Years —
						Months	4
						Days	18
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Ind</i>
Occupation	—		Where Residing If not at place of death		<i>Ind</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		—		
Father's Name	<i>Joseph W. Walker</i>					Father's Birthplace	<i>Ind</i>
Mother's Maiden Name	<i>Sarah Bennett</i>					Mother's Birthplace	<i>Ind</i>
Name of person giving information	<i>Royie Phillips</i>					How related to deceased	<i>aunt</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Don't know</i>	How long	<i>(179)</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>J. L. English</i>	
<i>Coroner</i>		Address	
		<i>Mandela, Spgs</i>	
Accident or Suicide?			



Name
in
Full

Betty Weil

CERTIFICATE OF DEATH

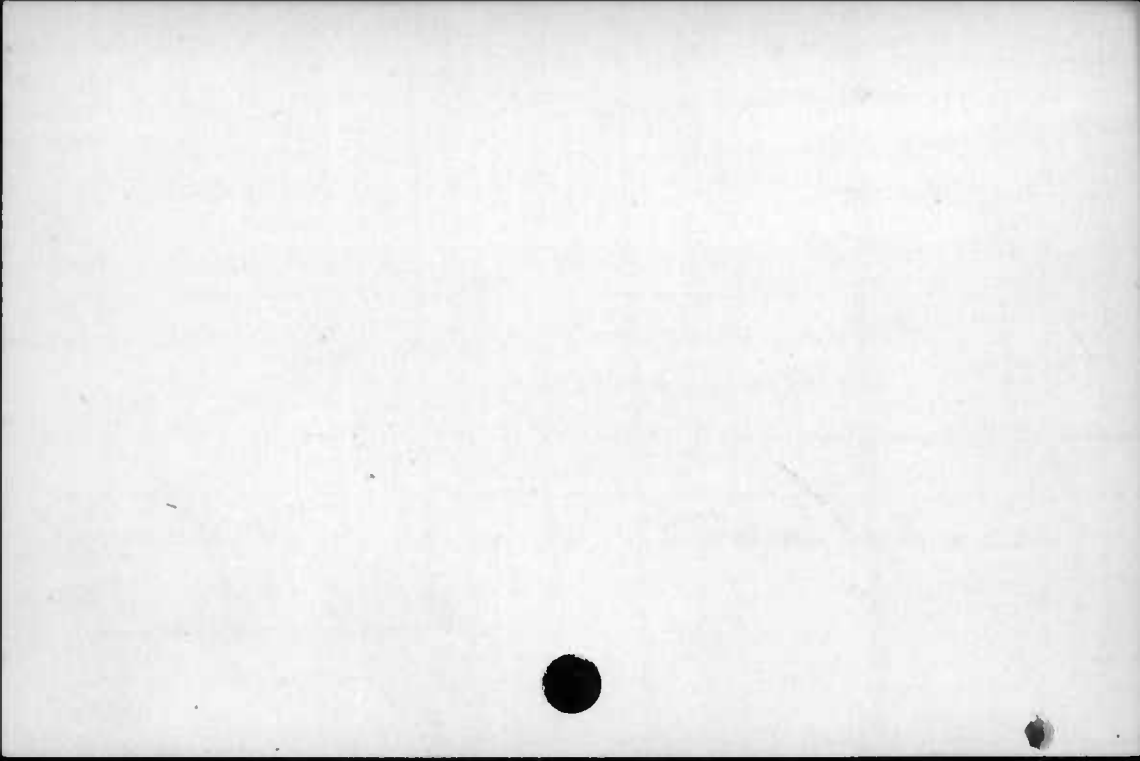
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> <small>Town</small>		<u>Wicomico</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u> <small>Month</small> <u>June</u> <small>Day</small> <u>16th</u>		Age <u>~</u> <small>Years</small>		<u>7</u> <small>Months</small>	<u>16</u> <small>Days</small>
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Ind</u>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>Herman M Weil</u>		Father's Birthplace <u>Ind</u>			
Mother's Maiden Name <u>Katherine Reed</u>		Mother's Birthplace <u>Ind</u>			
Name of person giving information <u>Herman M Weil</u>		How related to deceased <u>father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Cholera Infantum</u>	How long	<u>2 days</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Harry Tull</u>	
		Address <u>Salisbury Ind</u>	
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH			
Sarah F. White		Town Salisbury		County Wicomico	
Died at		MAYLAND			
Date of death		Month June	Day 23	Years 68	Months Days
Sex Female		Color or Race White		Birth place Shad Pt Md.	
Occupation Housekeeper		Where Residing if not at place of death			
Married, Single or Widowed Widow		Name of Wife or Husband Noah W. White			
Father's Name Hugh Williams		Father's Birthplace Maryland			
Mother's Maiden Name Sallie Lankford		Mother's Birthplace "			
Name of person giving In formation Elizabeth E. Adams		How related to deceased Sister			
CAUSES OF DEATH					
Primary Dysentery		14		How long 10 days	
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician E. M. Clemens M.D.			
		Address Salisbury Md			
Accident or Suicide?					



Name
in
Full

Clement-M. Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *near* ^{Town} *Mardela* ^{County} *Wicomico* MARYLAND

Date of death 190*4* ^{Month} *6* ^{Day} *29* ^{Years} *84* ^{Months} *9* ^{Days} *9*

Sex *Male* Color or Race *white* Birth-place *Md*

Occupation *Farmer* Where Residing if not at place of death *Md*

Married, Single or Widowed *widowed* Name of Wife or Husband *Elizabeth Weatherly*

Father's Name *Don't know* Father's Birthplace *Md*

Mother's Maiden Name *" " "* Mother's Birthplace *Md*

Name of person giving information *A. L. Wright* How related to deceased *son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

*old age**154*

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Coroner

A. L. English

Mardela Spgs

Accident or Suicide?

